

**WATER VESSEL  
PROGRAM**

LOSS PREVENTION UNIT  
OFFICE OF RISK MANAGEMENT  
DIVISION OF ADMINISTRATION

20100701

**CONTENTS**  
**WATER VESSEL SAFETY**

Introduction	3
Components of Louisiana's Water Vessel Safety Program	3
Agency Policies and Procedures	3
Responsibilities	3
The Loss Prevention Unit	3
Department and agency heads	3
Water Vessel Coordinators or Designee	4
Water Vessel Operators' Supervisors	4
Employees	4
Authorization process	4
Procedures for Enrolling Operators	5
High Risk Operators	5
Preventive Maintenance	5
Vessel Inspection and Repair	5
Training	6
Claims reporting/Accident Investigation	6
Accident Reporting	6
For Vessels 26' or longer	8
For Vessels under 26'	9
Safety Audits and Record Keeping	10
Glossary	11
Appendix	13
Vessel Authorization/Operator History Form (DA 2066)	14
Passenger Injury Report (DOTD-03-18-3024)	15
Private Vehicle Report (DOTD-03-18-3023)	16
Boating Incident Reporting Form (DWF-BIR-005)	18
Report or Marine Accident, Injury, or Death Form (CG-2692) and Instructions	20

## **WATER VESSEL PROGRAM**

Cites referencing Water Vessel  
LAC Title 37

### **Introduction**

The Water Vessel Safety Program is part of the overall Loss Prevention program, as required by R.S. 39:1543. Its purpose is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or operate state-owned/leased/hired water vessels in the scope of their employment as required by LAC Title 37. [5.1.1, 5.1.1.1]

The following materials are included to assist administrators, supervisors, loss prevention coordinators and/or representatives, and agency designees in managing and implementing proper vessel operation by state employees. Definitions and forms are included and described in the appendix.

### **Components of Louisiana's Water Vessel Program**

#### **1. Agency Safety Policies and Procedures:**

- A) **Responsibilities** Each agency owning/operating a water vessel is responsible for implementing a Water Vessel Program. The program shall include rules concerning who shall be permitted to operate vessels under the agency's control. Policies shall outline the roles and responsibilities of department/agency heads, or program designee, and employees in water vessel safety. These policies shall be issued to all applicable employees and form the basis for an agency's Water Vessel Program.

#### **The Loss Prevention Unit**

Upon request, the Loss Prevention Unit shall provide guidance and direction to agencies in the development of effective water vessel safety policies.

#### **Department/Agency Heads or Designees**

Department/Agency Heads are responsible for implementation of the Water Vessel Program and shall stress the importance of the department's Water Vessel Program to all affected employees. Department/Agency heads or their designees are responsible for reviewing operator records and identifying employees (e.g., via an annually signed and dated list) who shall be authorized to operate state vessels. [5.1.4.1]

Department/Agency Heads should ensure that **only** state-owned/leased/hired vessels are used on state business.

#### Water Vessel Coordinators or Designee [5.1.1.2]

These individuals plan, organize, direct, and control the Water Vessel Program for the agency, ensuring that:

- Policies and procedures are established and implemented
- Training courses are conducted and documented
- Operator records are requested and reviewed annually and maintained
- Authorization/Operating History Forms (DA 2066) are signed and dated by the agency head/designee annually [5.1.4.2]
- “Boat Louisiana” (or other required) course status are reviewed annually
- All accidents are reported
- Employees meet all the requirements to be authorized to operate a water vessel

#### Water Vessel Operators’ Supervisors:

- shall provide time for each employee that needs to be authorized to operate a water vessel to attend the “Boat Louisiana” course or other required training
- shall ensure that all vessels and vessels’ accessories provided to water vessel operators fit for their intended purpose
- shall ensure that all water vessel policies and procedures are followed
- shall submit reports within the required time frame
- shall allow only authorized employees to operate water vessels on state business
- shall assist in conducting accident investigations

#### Employees

Only employees authorized by their agency head (or designee) to operate a state-owned/leased/hired water vessel shall operate state-owned/leased/hired water vessels for state business. Employees shall only operate the type of water vessel for which they are authorized, licensed, and insured. Employees who are authorized to operate such vessels shall be responsible for the safe operation of those vessels. Operators shall report any unsafe condition, accident, or citation received involving a state-owned/leased/hired water vessel to their supervisor or designee for mitigation.

#### **B) Authorization Process** –The authorization process shall include:

- A review of the employee’s or prospective employee’s water vessel operating record obtained from the LDWF and/or The Coast Guard.
- Verifying completion of a “Boat Louisiana” training course or other ORM recognized course.
- Determining when operator responsibility shall be taken away from an employee because of reckless operation of a vessel or being cited for boating violations.

## **Procedures for Enrolling Operators**

Upon recognizing the need for an employee to operate a state-owned/leased/hired vessel by their supervisor, the employee shall complete the Authorization History Form (DA 2066). The information on this form shall be used to acquire the Water Operator Record (from the department of Wildlife and Fisheries or U.S. Coast Guard). The Authorization History Form and the WOR is then submitted to the agency head or designee who shall review the operator record and sign the Authorization History Form. When employees are authorized to operate water vessels, they shall be enrolled in the "Boat Louisiana" course or other ORM authorized course. A copy of the certificate of completion shall be retained on file. [5.1.4.2]

## **High Risk Operators**

High Risk operators are those individuals:

- Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations, or having a single conviction, guilty plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

Individuals designated to be High Risk operators shall be notified in writing that they are not authorized to operate state-owned/leased/hired water vessels from the date of discovery for a minimum of twelve (12) months and that they shall be required to retake a "Boat Louisiana" course within ninety (90) days of discovery.

The High Risk Operator's immediate supervisor and the individual in charge of water vessels shall also be notified in writing that the unauthorized employee shall not be given authority or access to operate a vessel on state business.

**C) Preventive Maintenance** – The appropriate agency designee shall ensure that preventive maintenance is performed on all required engines/motors/vessels and that documented corrective actions are taken within the applicable time frame. [5.1.2.11]

A system of preventive maintenance shall be developed and implemented for all vessels of any size. [5.1.2.11]

## **Vessel Inspections and Repairs**

A monthly inspection shall be performed on all powered/non-powered vessels, regardless of size, and corrective actions for all deficiencies found shall be performed and documented. [5.1.2, 5.1.2.1-5.1.2.9, 5.1.2.9.1]

Additionally, for all vessels twenty-six (26) feet or longer, the appropriate Coast Guard inspections shall be conducted as required and all corrective actions performed/documented. [5.1.2.10, 5.1.2.10.1, 5.1.2.10.1.1]

**D) Training** – Upon request, the Office of Risk Management Loss Prevention Unit shall assist each agency in implementing water vessel safety training programs that address the needs of the agency by assisting agencies in identifying training aids and resources that may be used for water vessel safety. The following requirements shall be met.

Employees:

- a. who will be authorized to operate a state-owned/leased/hired water vessel shall be required to take the “Boat Louisiana” water vessel training course taught by the Louisiana Department of Wildlife and Fisheries (LDWF) or other ORM recognized course prior to operating a vessel. LDWF shall regulate the instructor designations for this program and provide train-the-trainer courses for state agencies. [5.1.3.1]
- b. shall attend the required training within the first ninety (90) days of hire (or upon entering the program) and at least once every three years thereafter. [5.1.3.3, 5.1.3.4]
- c. who have convictions or negligence on their boating records shall be required to retake the “Boat Louisiana” or other ORM recognize course within ninety (90) days of conviction. [5.1.3.6]
- d. who become authorized to operate a state-owned/leased/hired water vessel and are U.S. Coast Guard Captains, operators and pilots shall attend a basic marine safety seminar every five years. [5.1.3.2, 5.1.3.5]

#### **E) Claims Reporting/ Accident Investigation**

Upon request, the Office of Risk Management’s Loss Prevention Unit shall assist the agency in accident analysis and in establishing preventive procedures.

##### Accident Reporting-General

A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other water vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, results in injury or loss of life to any person, or results in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion and the disappearance of a water vessel other than by theft. [5.1.4.3, 5.1.4.4]

1. All accidents shall be reported to the next level of supervision by the water vessel operator having the accident on the day of the accident or as soon thereafter as possible in the appropriate format (See requirements below by water vessel size). As provided for in R.S. 34:851.10, all accidents involving a vessel and resulting in death or injury to a person must be reported to DWLF within 48 hours and those with property damage in excess of \$200 must be reported within 5 days to: 1-800-442-2511. A wildlife agent will respond to investigate the accident.
2. The supervisor of the individual having the accident shall review the accident report within two working days of the accident and verify the completeness of the report. Incomplete reports shall be returned for missing information. It may be necessary for the supervisor to aid the individual in completing the report.
3. When investigating accidents, the supervisor shall request assistance, when appropriate, from the Agency Water Vessel coordinator or agency designee or the Office of Risk Management. (The supervisor shall send the appropriate accident report forms to: ORM's Claims Division, LDWF, and/or U.S. Coast Guard immediately.)

For any non-commercial vessel involved in an accident in any waters, a Louisiana Department of Wildlife and Fisheries (LDWF) Boating Accident/Investigation Report (DWF-BIR-005) shall be completed for each accident and submitted to LDWF. [5.1.4.4.1]

If the accident(s) occurred in a commercial vessel on navigable waters, a Report of Marine Accident, Injury, or Death form (CG-2692) shall be completed for each and submitted to the U.S. Coast Guard. [5.1.4.3.1]

4. After gathering all available information about the accident, the supervisor of the individual having the accident shall attempt to make a determination of whether the accident was preventable. The supervisor shall consider what corrective action(s) is appropriate, which may include: temporary suspension of operating privileges, special training, physical examination, etc., and make a recommendation to the agency head. The report and any recommendations shall then be forwarded to the agency head, or their designee, for review. The agency head shall review the accident report, the Authorization/Operating History Form (DA 2066), and the Water Operator Record (WOR). The need for corrective disciplinary action may be considered for each accident where there was improper use of a vessel.
5. Agencies shall forward a copy of the Authorization/Operating History Form (DA 2066) and Water Operator vessel Record to the appropriate (determined by the size of the vessel and type claim being filed) Office of Risk Management Claims Unit supervisor. This shall be completed within the time required by the type claim being filed.
6. For property or liability damages, the agency shall complete the appropriate reports (DOTD-03-18-3023, DOTD-03-18-3024) (see appendix) on property/liability claims forms to give notice of loss or potential loss. [5.1.4.4.1.1, 5.1.4.4.1.2]

**For vessels 26 feet in length or longer:**

- A. The State of Louisiana provides insurance for liability and hull damage.
- B. All claims involving vessels equal to or in excess of 26 feet shall be reported in writing to the Office of Risk Management Transportation Claims Unit supervisor, P. O. Box 91106, Baton Rouge, LA 70821-9106. All non-employee bodily injury and non-state-owned property claims shall be reported by telephone to the Office of Risk Management's Transportation Unit (225) 219-0168.
- C. Complete a copy of the Louisiana Boating Accident Report that includes the following:

(This information shall be submitted when a claim is reported.)

- Complete description of vessel including hull identification and coast guard certificate number
  - Name of captain or master and passengers
  - Exact location of incident
  - Date and time of incident
  - If applicable, names and addresses of third parties involved (if known)
  - Description of damages
  - Names of persons who can assist in investigation
  - Circumstances surrounding and/or cause of accident
- D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state agency shall be forwarded immediately to the Office of Risk Management's Transportation Unit supervisor for further handling.
- E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.
- F. If a loss occurs or a claim arises, the agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.
- G. An agency shall complete an Employer First Record of Injury (LDOL-WC-1007) and forward to the Office of Risk Management Worker's Compensation Unit when an employee is injured.

**NOTE:** The Jones Act is a federal law that provides benefits to workers who are injured during the course and scope of his/her employment and are classified as a seaman. The Jones Act governs seaman workers compensation rights but is very different from workers compensation law. Jones Act coverage (seaman status) does **NOT** depend on the place where the injury is inflicted, but on the nature of the seaman's service, status as a member of the vessel, and relationship as such to the vessel and its operation in navigable waters. For example, a land based worker who happens to get injured aboard a ship shall not be eligible for Jones Act protection, whereas a seaman who happens to be injured on land while the boat is docked shall not lose his/her Jones Act protection.



Jones Act claims are handled differently than worker's compensation claims, therefore all state agencies shall notify the Office of Risk Management's Claims Division of any accident that may involve a Jones Act Seaman regardless of where the accident occurred. **A Claims Adjuster specializing in Jones Act Law shall make the determination if the claim falls under the jurisdiction of the Jones Act.**

**For vessels under 26 feet in length:**

The State of Louisiana provides insurance coverage for bodily injury and property damage. An agency shall complete an Employer First Record of Injury (LDOL-WC-1007) and forward to the Office of Risk Management Worker's Compensation Unit when an employee is injured.

**NOTE:** The Jones Act is a federal law that provides benefits to workers who are injured during the course and scope of his/her employment and are classified as a seaman. The Jones Act governs seaman workers compensation rights but is very different from workers compensation law. Jones Act coverage (seaman status) does **NOT** depend on the place where the injury is inflicted, but on the nature of the seaman's service, status as a member of the vessel, and relationship as such to the vessel and its operation in navigable waters. For example, a land based worker who happens to get injured aboard a ship shall not be eligible for Jones Act protection, whereas a seaman who happens to be injured on land while the boat is docked shall not lose his/her Jones Act protection.

Jones Act claims are handled differently than worker's compensation claims, therefore all state agencies shall notify the Office of Risk Management's Claims Division of any accident that may involve a Jones Act Seaman regardless of where the accident occurred. **A Claims Adjuster specializing in Jones Act Law shall make the determination if the claim falls under the jurisdiction of the Jones Act.**

- A. Property and/or General Liability claims shall be submitted in writing to the appropriate claims unit supervisor of Office of Risk Management, P. O. Box 91106, Baton Rouge, LA 70821-9106. A completed copy of the accident report, Authorization/Operating History Form (DA 2066) and Water Operator vessel Record (WOR) shall be submitted with a claim.
- B. If a loss is serious in nature, it is to be reported by telephone to the Office of Risk Management for review to determine if coverage is applicable.
- C. Claims made against a state agency by a third party shall be submitted to the Office of Risk Management for review to determine if coverage is applicable.
- D. All lawsuits, demands, notices, summons, or other legal documents pertaining to a claim against a state agency shall be forwarded immediately to the Office of Risk Management's Claims Unit for further handling.

- E. Any objects and/or products that may have caused, contributed to, or that are suspected of causing an accident shall be retained and preserved as evidence.
- F. If a loss occurs or a claim arises, the agency shall not assume any obligation or incur any expenses without authority from the Office of Risk Management.

2. Safety Audits and Record Keeping:

Upon request, the ORM Loss Prevention Unit shall assist agencies in reviewing and analyzing their water vessel policies and procedures to determine if the agency's program is in compliance. Data concerning the number, type, frequency, and loss amount of claims shall be provided to the agency. This data is useful in identifying where losses are occurring and how losses may be controlled. All program records shall be available at a location designated by the agency head/designee.

## **GLOSSARY**

**Authorization/Operator History Form (DA 2066)**: This form shall be maintained by the agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

**Boating Accident**- A boating/water vessel accident is defined as a collision, accident, or other casualty involving a state water vessel, other vessel, or individual. A water vessel is considered to be involved in a boating accident whenever the occurrence results in damage by or to the water vessel or its equipment, in injury or loss of life to any person, or in the disappearance of any person from on board under circumstances that indicate the possibility of death or injury. A boating accident also includes, but is not limited to, capsizing, foundering, flooding, fire, explosion, and the disappearance of a water vessel other than by theft.

**Capsizing**- When a vessel overturns and the bottom becomes uppermost, except in the case of a sailboat. If a sailboat overturns, it will normally lay on its side.

**Careless Operation**- Operation of any watercraft in a careless or heedless manner so as to be grossly indifferent to the person or property of other persons or at a rate of speed greater than will permit exercise of reasonable care to bring the watercraft to a stop within the assured clear distance ahead.

**Commercial Vessel** – Any vessel engaged in commercial trade or that carries passengers for hire.

**Flooding**- Filling with water, regardless of method of ingress, but retaining sufficient buoyancy to remain upon the surface.

**High Risk Operator**- High Risk operators are those individuals having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving vessel violations or individuals having a single conviction, guilty plea, or nolo contendere plea for operating a vessel while intoxicated, careless operation, reckless operation, negligent homicide, or similar violation including any civil case for which negligence has been proven within the previous twelve (12) month period.

**Jones Act**- The Jones Act governs seaman workers compensation rights. Jones Act coverage (seaman status) does **NOT** depend on the place where the injury is inflicted, but on the nature of the seaman's service, status as a member of the vessel, and the relationship as such to the vessel and its operation in navigable waters.

**Navigable Water** – A body of water deep and wide enough for a vessel to pass without obstructions.

**Negligent Homicide**- Operation of any watercraft at an immoderate rate of speed or in a careless or negligent manner causing the death of another.

**Reckless Operation-** Operation of any watercraft in such a manner as to endanger the life, limb or damage the property of any person.

**Seaman-** Members of the crew of any vessel who meet the following criteria:

- A. A workman assigned permanently to the vessel.
- B. One whose duties contribute to the function of the vessel or to the accomplishment of its mission.
- C. One whose vessel, when underway, is engaged as an instrument of commerce and transportation on navigable waters.

**State-owned/leased/hired Vessel-** Any water vessel owned, leased, and/or rented by the State of Louisiana.

**Water Operator Record (WOR)-** Record containing history of boating violations and accidents maintained by the Department of Wildlife and Fisheries (Enforcement Division) on each operator in the State of Louisiana.

**Water Vessel-** Every type of watercraft, other than a seaplane, on the water used or capable of being used as a means of transportation. Private vessels commandeered in an emergency situation will be included in the definition of a water vessel.

## **APPENDIX**

**Authorization/Operator History Form (DA 2066):** This form shall be maintained by the agency on each employee who operates a vessel on a regular basis. The form shows when an employee was authorized, the type of vessel the employee may use, and information on the vessel operator's record.

**Boating Accident Form (DWF-BIR-005):** This form shall be completed on an accident involving a state vessel.

**Passenger Injury Report (DOTD-03-18-3024)**

**Private Vehicle Report (DOTD-03-18-3023)**

**Report of Marine Accident, Injury, or Death (CG-2692) and instructions**

**VESSEL AUTHORIZATION/OPERATOR HISTORY FORM**

The following information shall be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name: \_\_\_\_\_ Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ (Department, Board, Commission)

\_\_\_\_\_ Zip \_\_\_\_\_ Assigned to: \_\_\_\_\_

(Agency, District, Office)

Operator License No.: \_\_\_\_\_ Job Title: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Immediate Supervisor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Operator's Phone Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Is the Primary purpose to operate vessels? Yes \_\_\_ No \_\_\_

Is a Current Operator Record attached: \_\_\_ Has it been verified as accurate? \_\_\_

\*\*\*\*\*

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSEL:	No motor, Pirogue skiff Raff bateau	Motorboat Class A-1-2-3	Airboat Push	Tug	Ferry Marsh Buggy	Other
State Vessels Authorized to Operate:						

Date Trained: \_\_\_\_\_ Source of Training: \_\_\_\_\_

Number of days per week required to operate a vessel: \_\_\_\_\_

Required to handle hazardous cargo: Yes \_\_\_ No \_\_\_

Trained to haul/Handle: Yes \_\_\_ No \_\_\_

\*\*\*\*\*

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one-year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

\_\_\_\_\_  
Agency Head Signature  
(or specifically designated individual)

\_\_\_\_\_  
Date of Authorization

DA 2066 (6/06/01)

STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. \_\_\_\_\_

Passenger Injury Report  
( Ferry )

Name and type of vessel			Equipment number	
Name of Captain		Age	Home address	Phone number
Date of accident	Hour	Where accident occurred		
Name of injured passenger		Address		Phone number
Nature of injuries				
Where was injured taken and by whom				Direction
Weather at time of accident		Was deck of vessel wet or dry		Speed
Witnesses and/or deck hands				
Name		Address		Phone number
Name		Address		Phone number
Name		Address		Phone number
Captains statement of how accident occurred				
Signature of Captain			Signature of Port Captain	

STATE OF LOUISIANA  
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. \_\_\_\_\_

Private Vehicle Report  
( Ferry )

Name of vessel			Equipment number
Name of Captain	Age	Home address	Phone number
Date of accident	Hour	Where accident occurred	
Driver of vehicle		Address	Phone number
Owner of vehicle		Address	Phone number
Description of damage			
Year and model of vehicle			State and license number
Persons Injured			
Name	Address		Phone number
Name	Address		Phone number
Nature of injuries			
Where was injured taken and by whom			
Passengers in vehicle			
Name	Address		Phone number
Name	Address		Phone number
Witnesses and/or deck hands			
Name	Address		Phone number
Name	Address		Phone number
Damage to D.O.T.D. vessel			





COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")					
NAME AND ADDRESS OF OPERATOR LAST: _____ STREET 1: _____ FIRST: _____ STREET 2: _____ MI: _____ CITY: _____ PHONE NO: ( ) _____ STATE/ZIP: _____			NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator LAST: _____ STREET 1: _____ FIRST: _____ STREET 2: _____ MI: _____ CITY: _____ PHONE NO: ( ) _____ STATE/ZIP: _____		
OPERATOR AGE AND DATE OF BIRTH yrs. / /			RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD
OPERATOR'S EXPERIENCE Under 20 20-100 100-500 Over 500 None THIS TYPE OF BOAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER BOAT OPERATING EXP. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> American Red Cross <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other		
<b>TEST TAKEN FOR</b>					
ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Other _____ BAC% _____					
DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> Other _____ TYPE _____					
<b>VESSEL NO: (this vessel)</b>					
BOAT REGIST. NO.		BOAT NAME		MANUFACTURER	
BOAT MODEL		MFR. HULL IDENTIFICATION NO.			
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Water Craft <input type="checkbox"/> Airboat <input type="checkbox"/> Other		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other		ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet-drive <input type="checkbox"/> Air thrust <input type="checkbox"/> Other TYPE OF FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Other <input type="checkbox"/> Diesel	
PROPULSION No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____		CONSTRUCTION Length _____ ft Width _____ ft Year Built _____ Depth _____ ft HAS BOAT HAD A SAFETY EXAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other			
OPERATION AT TIME OF INCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other _____ <input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed		TYPE OF INCIDENT (Number by order of occurrence) Grounding _____ Collision with Vessel Capsizing _____ Collision with Fixed Flooding _____ Object Sinking _____ Collision with Floating Fire or Explosion _____ Object (fuel) _____ Falls overboard Fire or Explosion _____ Falls in Boat (other than fuel) _____ Hit By Boat or Propeller Fallen Skier _____ Other		WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance) Weather _____ Drug use _____ Excessive Speed _____ Fault of Hull No Proper Lookout _____ Fault of Machinery Restricted Vision _____ Fault of Equipment Overloading _____ Operator Improper Loading _____ Inexperience Hazardous Waters _____ Operator Inattention Alcohol use _____ Other	
<b>PERSONAL FLOTATION DEVICES (PFD'S)</b> Was the boat adequately equipped with CG APPROVED personal flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? <input type="checkbox"/> Type I (#) _____ <input type="checkbox"/> Type II (#) _____ <input type="checkbox"/> Type III (#) _____ <input type="checkbox"/> Type IV (#) _____ <input type="checkbox"/> Type V (#) _____ Were PFDs properly: Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>IGNITION AND THROTTLE</b> Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Kill switch used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Unknown		
<b>FIRE EXTINGUISHERS</b> WERE THEY USED? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types: _____			<b>INSURANCE / PROPERTY DAMAGE</b>		
IS VESSEL INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency _____			Policy Number _____		
ESTIMATED AMOUNT OF DAMAGE This Boat \$ _____ Other Property \$ _____			DESCRIPTION OF DAMAGE TO THIS VESSEL		
DESCRIPTION OF OTHER PROPERTY DAMAGED			NAME/ADDRESS OF OWNER		
			PHONE # ( ) _____		

## BOATING INCIDENT REPORT (DWF-BIR-005)

BARD#

PAGE of

DECEASED					
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	SWIMMING ABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CAUSE OF DEATH <input type="checkbox"/> Drowning <input type="checkbox"/> Other _____	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Other _____
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	SWIMMING ABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CAUSE OF DEATH <input type="checkbox"/> Drowning <input type="checkbox"/> Other _____	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Other _____
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	SWIMMING ABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CAUSE OF DEATH <input type="checkbox"/> Drowning <input type="checkbox"/> Other _____	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Other _____
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	SWIMMING ABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	CAUSE OF DEATH <input type="checkbox"/> Drowning <input type="checkbox"/> Other _____	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Other _____
INJURED					
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME <input type="checkbox"/> same as operator LAST: _____ FIRST: _____ MI: _____ PHONE NO: ( ) _____	ADDRESS STREET 1: _____ STREET 2: _____ CITY: _____ STATE/ZIP: _____	DATE OF BIRTH / / AGE: _____ yrs.	DESCRIBE INJURY _____ _____ _____	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
INVESTIGATOR COMPLETING REPORT					
SIGNATURE AND EMPLOYEE # _____ _____				DATE SUBMITTED _____ _____	

ATTACH ADDITIONAL IF NECESSARY

<b>U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2692 (Rev. 06-04)</b>		<b>REPORT OF MARINE ACCIDENT, INJURY OR DEATH</b>			RCS No. G-MOA MISLE NOTIFICATION NUMBER	
<b>SECTION I. GENERAL INFORMATION</b>						
1. Name of Vessel or Facility		2. Official No.	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection issued at:	
6. Type (Towing, Freight, Fish, Drill, etc.)		7. Length	8. Gross Tons	9. Year Built	10. Propulsion (Steam, diesel, gas, turbine...)	
11. Hull Material (Steel, Wood...)	12. Draft (Ft. - in.) FWD      AFT.	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence)	15. TIME (Local)	
16. Location (See Instruction No. 10A)				17. Estimated Loss of Damage TO:		
18. Name, Address & Telephone No. of Operating Co.				VESSEL _____		
				CARGO _____		
				OTHER _____		
19. Name of Master or Person in Charge		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		USCG License    State License <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code)		19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number
21. Casualty Elements (Check as many as needed and explain in Block 44.)						
<input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE		<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum expansion/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____		
22. Conditions						
A. Sea or River Conditions (wave height, river stage, etc.) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
E. DISTANCE (miles of visibility) _____ F. AIR TEMPERATURE (F) _____ G. WIND SPEED & DIRECTION _____ H. CURRENT SPEED & DIRECTION _____						
23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				24. Last Port Where Bound _____ 24a. Time and Date of Departure _____		
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED Empty    Loaded    Total		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)    Length    Width
						25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW
<b>SECTION II. BARGE INFORMATION</b>						
26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD    AFT	26i. Operating Company			
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____			26k. Describe Damage to Barge			

PREVIOUS EDITION IS OBSOLETE



## INSTRUCTIONS

### FOR COMPLETION OF FORM CG-2692

### REPORT OF MARINE ACCIDENT, INJURY OR DEATH

### AND FORM CG-2692A, BARGE ADDENDUM

#### WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

#### VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. An injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of \$25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

#### MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

#### OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

D. Damage affecting the usefulness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of \$25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of \$25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

#### DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;

2. Injury causing incapacitation over 72 hours;

3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

#### HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Homeland Security's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

#### COMPLETION OF THIS FORM

8. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. Once completed, deliver or mail this form as soon as possible to the Coast Guard Marine Safety, Marine Inspection or Activities Office nearest the location of the casualty or, if at sea, nearest the arrival port.

#### 10. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. **ALCOHOL AND DRUG INFORMATION.** Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-MOA), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503